

State of Hawai'i  
Department of Land and Natural Resources  
DIVISION OF AQUATIC RESOURCES  
1151 Punchbowl St., Rm. 330  
Honolulu, Hawai'i 96813  
(808) 587-0100 voice  
(808) 587-0115 fax

*For office use only*

Permit no.: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Expiration date: \_\_\_\_\_

## SPECIAL ACTIVITY PERMIT APPLICATION

Please fill out this application form and submit, with any relevant information, to the Division of Aquatic Resources at the address listed above. **This application must be submitted (via mail or fax) no later than 45 days prior to the projected fieldwork start date.**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of request:

- ☐ Scientific
- ☐ Propagation
- ☐ Education
- ☐ Other

1. Check the actions to be authorized:

- ☐ Take (harvest)      ☐ Posses      ☐ Transport (☐ Inter-island    ☐ Out-of-state)
- ☐ Catch                ☐ Kill                ☐ Disturb/Transplant      ☐ Observe
- ☐ Other: \_\_\_\_\_

2. Describe the activity:

- D. Purpose of the activity (please provide complete details/project proposals for evaluation of the request to justify why you should receive this exemption):

B. Organisms (List of species):

Common Name	Scientific Name	No. & Size of Specimens	Collection Location
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C. What specific methods or gear would be used (e.g. hand, small mesh net, hand nets, etc.)?

- D. Will the organisms be kept alive in Hawaii during the period the permit is valid?  
☐ yes ☐ no

Specific site/location: \_\_\_\_\_

Is it an open or closed system? ☐ open ☐ closed

Is there an outfall? ☐ yes ☐ no

Is there an NPDES permit for this site? ☐ yes ☐ no

Will these organisms be housed with other organisms? ☐ yes ☐ no

If so, what are the other organisms?

Are any of the above listed organisms non-indigenous to Hawai'i?

- E. What will be done with the specimens after the project has ended?

- F. Please indicate the specific island(s) where the activity is to be performed?

☐ Kauai ☐ Niihau ☐ Oahu ☐ Molokai ☐ Maui ☐ Lanai ☐ Kahoolawe

☐ Hawaii ☐ NWHI location: \_\_\_\_\_

3. Who will be doing the collecting? Please indicate all persons to be covered by this permit with their institutional affiliation (i.e. "University of Hawai'i"), role in the project (such as "collector" or "photographer"), and qualification to be exempted for fishing regulations (such as "zoology major" or "professional scientist").

<u>Name</u>	<u>Affiliation</u>	<u>Role</u>	<u>Qualifications</u>
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Applicant

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Email: \_\_\_\_\_